

### Instructions for Auditing

Check the box describing your student classification at the time of auditing. When the Office of the University Registrar (OUR) processes your application, an email verification will be sent to you and to the course instructor. If your instructor wishes to assign Continuing Education Units (CEU), ask that the instructor contact the Registrar's Office at (352) 392-1374

**Current Students:**

1. Do NOT register for the course on ONE.UF.
2. Complete the Audit form (items 1-11 and 15). All requested information must be provided. We cannot process forms that are incomplete.
3. Obtain the signatures of the instructor and the dean of the college offering the course.
4. Return the completed form using our [secure upload](#) by the drop/add deadline. OUR staff will only sign the application after it is complete.
5. Pay the tuition/fees for the course on ONE.UF.

**Non UF students:**

1. Complete the Audit form (items 2-15) and the Residency Classification form. All requested information must be provided. We cannot process forms that are incomplete.
2. Obtain the signatures of the instructor and the dean of the college offering the course.
3. Return the completed form using our [secure upload](#) by the drop/add deadline. OUR staff will only sign the application after it is complete.
4. Pay the tuition/fees for the course on ONE.UF.

**Florida Residents Age 60 and over:**

Florida residents, age 60 and over, are eligible for free course audits. Applicants using this option must demonstrate Florida residency via the Residency Classification form and age via a state issued ID or birth certificate.

1. Complete the Audit form (items 2-15) and the Residency Classification form.
2. Obtain the signatures of the instructor and the dean of the college offering the course.
3. Return the completed form using our [secure upload](#). Take a photo or scan your state ID to verify your date of birth. and include with your form by the drop/add deadline.

#### Application to Audit a Course

- |                             |                                    |                                    |                          |
|-----------------------------|------------------------------------|------------------------------------|--------------------------|
| 1. _____<br>UFID (if known) | 2. _____<br>Social Security Number | 3. _____<br>Birthdate (mm/dd/yyyy) | 4. _____<br>Gender       |
| 5. _____<br>Last Name       | _____<br>First Name                | _____<br>Middle                    | 6. _____<br>Phone Number |
| 7. _____<br>Mailing Address |                                    | _____<br>City                      | _____<br>State           |
|                             |                                    | _____<br>State                     | _____<br>Zip             |

#### Course Information

- |                    |                     |                           |   |
|--------------------|---------------------|---------------------------|---|
| 8. _____<br>Course | 9. _____<br>Section | 10. _____<br>Credit Hours | 11. _____<br>Beginning and End Date (mm/dd/yyyy – mm/dd/yyyy) |
|--------------------|---------------------|---------------------------|---|

12. Has any court or school authority found you to have disrupted or interfered with the orderly conduct, processes, functions or programs of any educational institution? Yes  No  If yes, give details: \_\_\_\_\_

13. Are you currently charged or have you ever been convicted of a crime (even if adjudication was withheld) other than offenses involving \$50 or less? Yes  No   
If yes, give the date, name of court, nature of offense and penalty imposed: \_\_\_\_\_

14. Students must comply with the State University System immunization requirements. Proof of immunization is required and must be provided to the Student Health Care Center.  
SHCC approval: \_\_\_\_\_ Date: \_\_\_\_\_

#### 15. Signatures of Approval

Instructor	Instructor's Email Address – For Confirmation of Approval
Dean of the College Offering the Course	

#### Signature of Student

I understand that by auditing this course I will not receive course credit or a grade. I will receive a transcript with AUD listed in the grade field to show that I audited the course. I further understand that I owe fees for this audited course which I must pay to University Financial Services. If I have provided sufficient documents proving Florida residency and age 60 or over, my fees will be waived.

Signature	Date	Email Address (Required)
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A Florida resident for tuition purposes is a person who has, or a dependent person whose parent or legal guardian has, established and maintained legal residency in Florida for at least 12 consecutive months preceding the first day of classes of the term for which Florida residency is sought. Residence in Florida must be as a bonafide domicile rather than for the purpose of maintaining a residence incident to enrollment at an institution of higher education.

To qualify as a Florida resident for tuition purposes, you must be a U.S. citizen, permanent resident alien or legal alien granted indefinite stay by the U.S. Citizenship and Immigration Services. Other persons not meeting the 12 month legal residence requirement may be classified as Florida residents for tuition purposes only if they fall within one of the limited special categories authorized by the Florida Legislature and the State Board of Education. All other persons are ineligible for classification as a Florida resident for tuition purposes.

**Living in or attending school in Florida will not, in itself, establish legal residence. Students who depend on out-of-state parents for support are presumed to be legal residents of the same state as their parents. Residence for tuition purposes requires the establishment of legal ties to the state of Florida. Students must verify that they have broken ties to other states if the student or, in the case for dependent students, his or her parent, has moved from another state.**

**Non-Florida Residents:** I understand that I do not qualify as a Florida resident for tuition purposes for the term to which I have applied. I also understand that if I should qualify for Florida residency in some future term, I must file the required documentation prior to the beginning of that term.

Signature (in ink) \_\_\_\_\_ UFID \_\_\_\_\_ Date \_\_\_\_\_

**Florida Residents:** Complete this section in full if you claim Florida residency for tuition purposes. **Attach required documentation (if any).**

- A copy of your and/or your parents' most recent tax return or other documentation may be requested to establish dependence/independence.
  - Dependent:** a person, whether or not living with his or her parent, who is eligible to be claimed by his or her parent as a dependent under the federal income tax code. **Independent:** a person who is at least 24 years old, married, a graduate or professional student, a veteran, a member of the armed forces, an orphan, a ward of the court, or someone with legal dependents other than a spouse, per the U.S. Department of Education for the purposes of federal aid eligibility. There may be limited cases where a person under the age of 24 years old may qualify as an independent student. Such students will be required to verify independence.
- A copy of marriage certificate is required in **all cases** of a spouse claiming a partner's residency.
  - A. I am an **independent person** and have maintained legal residence in Florida for at least the past 12 consecutive months.
  - B. I am a **dependent person** and my parent or legal guardian has maintained legal residence in Florida for at least the past 12 consecutive months.
  - C. I am a **dependent person who has resided for five years** with an adult relative other than my parent or legal guardian, and my relative has maintained legal residence in Florida for at least the past 12 consecutive months. **(Required:** Copy of most recent tax return on which you were claimed as a dependent or other proof of dependency.)
  - D. I am **married to a person** who has maintained legal residence in Florida for at least the past 12 consecutive months. I now have established legal residence and intend to make Florida my permanent home. **(Required:** Copy of marriage certificate and other documents required to establish residency.)
  - E. I was **previously enrolled at a Florida state institution** and classified as a Florida resident for tuition purposes. I abandoned my Florida domicile less than 12 months ago and am now re-establishing Florida legal residence.
  - F. According to the U.S. Citizenship and Immigration Services, I am a **permanent resident alien or other legal alien** granted indefinite stay and have maintained a domicile in Florida for at least the past 12 consecutive months. **(Required:** USCIS documentation and proof of Florida residency status.)
  - G. I am a **member** (or the spouse/dependent child of) of the **Armed Services of the United States**, and am currently stationed in Florida on active military duty pursuant to military orders, or whose home of record is Florida. **(Required:** Copy of military orders or DD2058 showing home of record.)
  - H. I am a full-time instructional or administrative employee (or the spouse/dependent child of) **employed by a Florida public school, community college or institution of higher education.** **(Required:** Copy of employment verification.)
  - I. I am part of the **Latin American/Caribbean Scholarship Program.** **(Required:** Copy of scholarship papers.)
  - J. I am a qualified beneficiary under the terms of the **Florida Prepaid College Program** (s.1009.98, F.S.) **(Required:** Copy of Florida prepaid recipient card.)
  - K. I am a U.S. citizen (or the spouse/dependent child of) **living on the Isthmus of Panama** and have completed 12 consecutive months of college work at the FSU Panama Canal Branch. **(Required:** Copy of marriage certificate or proof of dependency.)
  - L. I am a **Southern Regional Education Board's** Academic Common Market graduate student. **(Required:** Certification letter from state coordinator.)
  - M. I am a full-time **employee of a state agency** or political subdivision of the state whose student fees are paid by the state agency or political subdivision for the purpose of job-related law enforcement or corrections training.
  - N. I am a **McKnight Fellowship recipient.** **(Required:** Verification from graduate studies.)
  - O. I am an active member of the **Florida National Guard** who qualifies under s.250.10 (7) and for the tuition assistance program.
  - P. I am an **active duty member** (or the spouse/dependent child of) of the **Armed Services of the United States** attending a public college or university within 50 miles of the military establishment where the member is stationed, if such a military establishment is in a county contiguous to Florida.
  - Q. I am an **active duty member** (or spouse/dependent child of) of the **Canadian military** residing or stationed in this state under the North American Air Defense (NORAD) Agreement, attending a public college or university within 50 miles of the military establishment where the active duty member is stationed.
  - R. I am a U.S. citizen living outside the U.S. who is **teaching at a Department of Defense Dependent School or in an American International School** and who has enrolled in a graduate-level education program that leads to a Florida teaching certificate.
  - S. I am an **active duty member** (or spouse/dependent child of) of a **foreign nation's military who is serving as a liaison officer.** I am residing or stationed in Florida and attending a public college or university within 50 miles of the military establishment where I am stationed.

**Person claiming residency must complete this section in full.**

- Documents supporting the establishment of legal residence must be dated, issued, or filed **12 months before the start** of the term.
- Additional documentation also may be requested. All documentation is subject to verification.

**PLEASE PRINT**

1. Name of Student: \_\_\_\_\_ 2. UFID: \_\_\_\_\_

3. Name of person claiming Florida residency: \_\_\_\_\_ 4. Claimant's relationship to student: \_\_\_\_\_

5. Claimant's permanent legal address: \_\_\_\_\_

6. ( ) \_\_\_\_\_ Street / PO Number / Apartment \_\_\_\_\_

Claimant's telephone number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

7. Date claimant began establishing legal Florida residence and domicile: \_\_\_\_/\_\_\_\_/\_\_\_\_

8. Claimant's voter registration State: \_\_\_\_\_ Number: \_\_\_\_\_ County \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

9. Claimant's driver's license State: \_\_\_\_\_ Number: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

10. Claimant's vehicle registration State: \_\_\_\_\_ Tag Number: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

11. Non-U.S. citizen only Resident alien number: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*(Copy of both sides of card required)*

**I do hereby swear or affirm** that the above-named student meets all the requirements indicated in the checked category above for classification as a Florida resident for tuition purposes. I understand that a false statement in this affidavit will subject me to penalties for making a false statement pursuant to 837.06, Florida Statutes.

Signature (in ink) of person claiming Florida residency as listed on Item #3 above \_\_\_\_\_ Date \_\_\_\_\_